

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER:

2019 - 311 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Elite Home Care, LLC

Telephone:

864 869 8730

Address: 2000 Buck Arthur Bridge Rd  
Spartanburg, SC 29307

Fax:

864 869 8730

Other:

Email:

info@EliteHomeCareSC.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

RECEIVED

SEP 23 2019

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date:

9/12/19

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

Elite Home Care, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2000 Bud Arthur Bridge Rd Spartanburg, SC 29307

Street Address of Applicant

P.O. Box 1181 Spartanburg, SC 29304

Mailing Address of Applicant (if different from street address)

864 869 8730

Phone

864 869 8730

Fax

info@EliteHomeCareSC.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.

William Martin 10 Misty Lane Greenville, SC 29615

Christopher Russo 18920 Lakehouse Pointe Drive Cornelius, NC 28031

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	180,000	Loans Owed on Motor Vehicles	0
Cash on Hand	0	Business/Other Loans Owed	204,000
Cash in Bank	190,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	200,000	Total Liabilities	204,000
Total Assets	570,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Ambulatory \$10 pick up fee. 0-3 miles: \$13.34; 4-6 miles: \$20.52, 7-10 miles \$29.60. Over 10 miles \$29.60+ \$2.80 a mile.

Wheelchair \$20 pick up fee. 0-3 miles: \$29.72; 4-6 miles: \$36.36, 7-10 miles \$46.10. Over 10 miles \$46.10+ \$2.85 a mile.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of ~~seats~~ seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Volkswagen	2014 Jetta	328258	2,000	No
Volkswagen	2014 Jetta	235352	2,000	No
Volkswagen	2009 Routan	541548	3,500	No
Chrysler	2008 Town & Country	601113	3,500	No
Dodge	2010 Grand Caravan	220120	3,500	No
Dodge	2012 Grand Caravan	419997	3,500	No
Dodge	2009 Grand Caravan	560276	6,000	Yes
Dodge	2009 Grand Caravan	560266	6,000	Yes
Dodge	2009 Grand Caravan	560279	6,000	Yes
Dodge	2009 Grand Caravan	560270	6,000	Yes
Ford	2009 Econoline	A37740	8,500	Yes
Ford	2009 Econoline	A17417	8,500	Yes
Ford	2008 Econoline	B52183	8,500	Yes
Ford	2012 Econoline	A47178	8,500	Yes

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

Continued

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Ford	2013 Econoline	B30836	8,500	Yes
Ford	2012 Econoline	A92890	8,500	Yes
Ford	2011 Econoline	A02657	8,500	Yes
Ford	2009 Econoline	A88572	8,500	Yes
Ford	2012 Econoline	A82773	8,500	Yes

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Elite Home Care, LLC

Name of Applicant

2000 Bud Arthur Bridge Road Spartanburg, SC 29307

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 29,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

### Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>5,000</u>

Selective Way Insurance Company

Name of Insurance Company

40 Wantage Avenue Branchville, NJ

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

From: Andrew Martin

Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 7 of 19

09/20/2019 3:36 PM



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> George Johnson Insurance Inc Bldg 300,314 South Pine Street Post Office Box 6160 Spartanburg SC 29304-6160		<b>CONTACT NAME:</b> Joanne Boyd, AAI, AIAM <b>PHONE (A/C, No, Ext):</b> (864) 585-2256 <b>FAX (A/C, No):</b> (864) 327-1867 <b>E-MAIL ADDRESS:</b> jboyd@georgejohnsonins.com	
<b>INSURED</b> ELITE HOME CARE, LLC DBA ELITE SENIOR DAY CENTER PO BOX 1181 SPARTANBURG SC 29304-1181		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Selective Way Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL1973010939

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			S 2175162	08/20/2019	08/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S 2175162	08/20/2019	08/20/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2175162	08/20/2019	08/20/2020	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SC Public Service Commission  
 101 Executive Center Dr Ste 10

Columbia

SC 29208

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Exhibit Fit, Willing, and Able (FWA)**Elite Home Care, LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

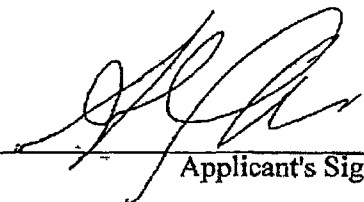
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

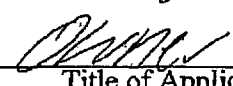
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

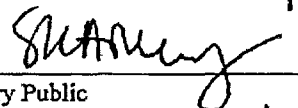
  
\_\_\_\_\_  
Applicant's Signature

  
\_\_\_\_\_  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Spartanburg )

SWORN TO BEFORE ME  
This 12 day of September, 2019

  
\_\_\_\_\_  
Notary Public

Commission Expires 4/2022

From: Andrew Martin

Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 2 of 19

09/20/2019 3:36 PM

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2017

REFERENCE ID: 1712050911055

*Mark Hammond*  
Secretary of State

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION**  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Elite HomeCare LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

247 Bridgeport Rd

Street Address

Boling Springs

City

29316

Zip Code

3. The initial agent for service of process is

Hannah Martin

Name

Hannah Martin

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

247 Bridgeport Rd

Street Address

Boling Springs

City

29316

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) William Andrew Martin

Name

247 Bridgeport Rd

Street Address

Boling Springs

City

SC

State

29316

Zip Code

(b)

Name

Street Address

State

Zip Code

120716-0210

FILED: 07/13/2012

ELITE HOMECARE LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina  
Secretary of State, March 2012

From: Andrew Martin

Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 3 of 19

09/20/2019 3:36 PM

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AS TAKEN FROM AND COMPARED WITH THE  
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Dec 05 2017

REFERENCE ID: 1712050911055

Name of Limited Liability Company

Elite HomeCare LLC

Mark Hammond  
Secretary of State, South Carolina

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (b) \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

[Signature]  
Signature of Organizer

7/12/17  
Date

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date

From: Andrew Martin

Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 4 of 19

09/20/2019 3:36 PM

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ORIGINAL ON FILE IN THIS OFFICE

Dec 05 2017

REFERENCE ID: 1712050911055

*Mark Hammond*  
Secretary of State - South Carolina

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**AMENDED ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic  
Filing Fee - \$110.00**

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to S.C. Code of Laws §33-44-204(a), the undersigned limited liability company adopts the following Amended Articles of Organization:

1. The name of the limited liability company is Elite Home Care LLC
2. The date the articles of organization were filed is 7/13/2012
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Adding members Chris Russo, Danielle Russo,  
Hannah Martin, Christopher Russo

*Andrew Martin*  
Signature (Please see the Filing Checklist below)

William Andrew Martin  
Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

Date 10/16/12

- ☐ Manager ☒ Member ☐ Organizer  
☐ Fiduciary ☐ Attorney-in-Fact

**Filing Checklist**

- Amended Articles of Organization (filed in duplicate)
- \$110.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))  
Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:
  - (1) manager of a manager-managed company
  - (2) member of a member-managed company
  - (3) person organizing the company, if the company has not been formed or
  - (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary
- Return all documents to: South Carolina Secretary of State's Office  
Attn: Corporate Filings  
1205 Pendleton Street Suite 525  
Columbia, SC 29201

LLC - Domestic

121108-0105

FILED: 10/31/2012

ELITE HOMECARE LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina  
Secretary of State, April 2011

From: Andrew Martin Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 5 of 19 09/20/2019 3:36 PM

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Print Form

Dec 05 2017

REFERENCE ID: 1712050911055



STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF  
PROCESS, OR (3) ADDRESS OF AGENT

Limited Liability Company – Domestic and Foreign

Filing Fee - \$10.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to S.C. Code of Laws §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is Elite Homecare LLC

2. The limited liability company is (check either "a" or "b," whichever is applicable)

☒ a. A South Carolina limited liability company.

☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. (a) The South Carolina street address of the current designated office for the limited liability company is  
247 Bridgeport Rd

Street Address		
Boiling Springs	Spartanburg	29316
City	County	Zip Code

(b) The name of the company's current agent for service of process is Hannah Martin

(c) The South Carolina street address of the current registered agent's office is  
247 Bridgeport Rd

Street Address		
Boiling Springs	Spartanburg	29316
City	County	Zip Code

4. Check and complete all boxes (a-c) that apply.

☒ (a) The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is  
2000 Bud Arthur Bridge Rd

Street Address		
Spartanburg	Spartanburg	29307
City	County	Zip Code

From: Andrew Martin Fax: 18648698730

To:

Fax: (803) 896-5199

Page: 6 of 19 09/20/2019 3:36 PM

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

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Elite Homecare LLC

Name of Limited Liability Company

- ☒ (b) The company is changing its agent for service of process.

The name of the company's new agent for service of process is Christopher Russo

I hereby consent to the appointment as registered agent.



Agent's Signature

- ☒ (c) The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is

2000 Bud Arthur Bridge Rd

City	County	Zip Code
Spartanburg	Spartanburg	29307

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State.  
Specify the time and date of any delayed effective date \_\_\_\_\_



Signature (Please see the Filing Checklist below)

Christopher Russo

Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

- ☐ Manager 
 ☒ Member 
 ☐ Organizer  
☐ Fiduciary 
 ☐ Attorney-in-Fact

Date

✓

#### Filing Checklist

- Notice of Change of (1) Designated Office, (2) Agent for Service of Process, or (3) Address of Agent (filed in duplicate)
- \$10.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))

Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:

- (1) manager of a manager-managed company
- (2) member of a member-managed company
- (3) person organizing the company, if the company has not been formed or
- (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary

- Return all documents to: South Carolina Secretary of State's Office  
Attn: Corporate Filings  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201



# Business Entities Online

File, Search, and Retrieve Documents Electronically

## ELITE HOMECARE LLC

### Corporate Information

**Entity Type:** Limited Liability Company

**Status:** Good Standing

**Domestic/Foreign:** Domestic

**Incorporated State:** South Carolina

### Important Dates

**Effective Date:** 07/13/2012

**Expiration Date:** N/A

**Term End Date:** N/A

**Dissolved Date:** N/A

### Registered Agent

**Agent:** Christopher Russo

**Address:** 2000 Bud Arthur Bridge Rd  
Spartanburg, South Carolina 29307

### Official Documents On File

Filing Type	Filing Date
Notice of Change of Designated Office, Agent or Address of Registered Agent	12/19/2016
Amendment	10/31/2012
Organization	07/13/2012